

TRANSMITTAL LETTER

P98000028294

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT:

Auto Broker of Miami INC.

(Proposed corporate name - must include suffix)

700002468887--4  
-03/26/98--01030--002  
\*\*\*\*\*78.00 \*\*\*\*\*78.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Tariq Iqbal.

Name (Printed or typed)

10900 Sw 40 St

Address

Miami FL 33165

City, State & Zip

(305) 785-5644.

Daytime Telephone number

98 MAR 26 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Called to  
check spelling of  
R.A. name. -  
Spoke to Sham.

TA-3/26/98

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

Auto Brokers of Miami Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10900 Sw 40 St Miami FL 33165

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Tariq Iqbal

10900 Sw 40 St Miami FL 33165

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Tariq Iqbal

10900 Sw 40 St Miami FL 33165

X

Signature/Incorporator

X 2/27/98

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

X

Signature/Registered Agent

X 2/27/98

Date

98 MAR 26 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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